24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Hospital Association PAC	
	C C00106146
Check if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Mentzer Media Services, Inc.	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 600 Fairmount Avenue	10 17 2014 Amount
Suite 306	
City State Zip Code	200000.00
Towson MD 21286	Transaction ID: 22082851 Date of Disbursement or Obligation
Purpose of Expenditure Television Advertising Category/ Type 004	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Office	e Sought: X House District: 13
Rep. Rodney L. Davis Oppose	President Senate State: IL
Calendar Year-To-Date Per Election for Office Sought Disbut 209223.49	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
McCarthy Hennings Whalen, Inc.	10 17 2014
Mailing Address 1850 M Street, NW	10 17 2014
Suite 235	Amount
City State Zip Code	9223.49
Washington DC 20036	Transaction ID: 22082840 Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/	M M / D D / Y Y Y Y
Television Production - Estimate Type 004	
Name of Federal Candidate Support Office	e Sought: X House District: 13
Rep. Rodney L. Davis Oppose	President Senate State: IL
2014	ursement For: Primary X General
Per Election for Office Sought 209223.49	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	209223.49
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Dato	0 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	